

# Clinical Update

California Society for Clinical Social Work



Volume XLV Number 8, April, 2014

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### **SPEED: FACING OUR ADDICTION TO FAST AND FASTER AND OVERCOMING OUR FEAR OF SLOWING DOWN**

**By: Stephanie Brown, PhD**

A patient recently arrived late, out of breath, finishing up a phone call outside my office as I held the door open. "I just can't do it all. I've got 12 more calls waiting when I leave here. How can I settle down and talk with you? I push limits, I push time. I constantly run behind and I never catch up. It's so hard to concentrate on anything anymore, never mind thinking about myself." Just like any other addiction, people are out of control in their behaviors, feelings and crazy thinking; yet they believe this is good.

This is SPEED. Our society has lost control. Many in the culture are living in a chaotic, frenzied downward spiral of a new addiction, chasing money, power, success and a wilder, faster pace of life. This is progress in America. You always move forward and there are no limits to how far or how fast you can get there. Don't slow down. Don't think about things. Don't wait. Action is now. Impulse should be your first response. You'll lose ground and fail if you stop moving.

This is success in America. Primed from the Pilgrims' arrival by a creed that became known as Manifest Destiny – the settlers' God-given power was obvious and certain – these new explorers believed they were exceptional and entitled to have and to take what they wanted, which at that time meant geographical expansion.

These deep beliefs linked progress, expansion and success as basic rights, an attitude of exceptionalism that kept America moving westward for two centuries. But with geography all taken and colonialism no longer acceptable,

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## DISTRICT MEETINGS:

### **FRESNO DISTRICT:**

Coordinators: Gabriele Case and Anne Petrovich

Phone: 559-237-9631

E-mail: [gh.caselcsw@gmail.com](mailto:gh.caselcsw@gmail.com)

Date: Saturday, April 26, 2014

Time: 9:30 a.m. to 12 p.m.

Presenter: Anne Petrovich, LCSW, PhD, and Thomas W. Shaffer, PhD, ABPP

Topic: **Therapist Existential Life Challenges and Their Impact on the Therapeutic Process**

Credits: 1.5 (1 CE credit per hour of instruction)

Location: Fresno Pacific University

Steinert Campus Center, Pioneer/Johanson

Conference Room 122 **PLEASE NOTE ROOM CHANGE**

We clinicians are subject to the same core existential life challenges as are our clients. We may be faced with serious medical conditions; we are all mortal; we all struggle with the loss of people deeply important to us. In this joint presentation, facilitated by a moderator, two therapists who have faced significant medical and family crises in the past several years will reflect on the impact of these personal crises on their practice of psychotherapy. They will specifically discuss their experiences of personal and professional change, altered concepts of the therapeutic relationship, and decisions regarding self-care, self-disclosure, and values clarification.

This course meets the qualifications for 1.5 hours of continuing education credit for **MFTs, LPCCs, and LCSWs** as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

### **GREATER LOS ANGELES DISTRICT:**

Coordinator: Lynette Sim

Coordinator Phone: 310-394-7484

Coordinator Email: [lsim1@verizon.net](mailto:lsim1@verizon.net)

Date: April 5, 2014

Time: 10:30 am – 1:00 pm

Presenter: Lisa C. Blum, PsyD and Silvina Alejandra Irwin, PhD

Topic: **Emotionally Focused Therapy**

Location: 3267 Corinth Ave, Los Angeles, CA 90066

Emotionally Focused Therapy (EFT) is a research-validated, attachment-based approach to working with a diverse range of couples. EFT offers a map for understanding our deepest relationship needs and struggles. This presentation will combine didactic material and case vignettes. The presenters will provide a brief overview of the EFT model and illustrate key EFT techniques and interventions.

Both clinical psychologists, Dr. Blum provides psychotherapy, parent coaching and co-parent consultation and specializes in working with adolescents and couples.

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## DISTRICT MEETINGS (Cont'd):

### GREATER LOS ANGELES DISTRICT (Cont'd)

Dr. Irwin provides therapy and testing and assessment and specializes in PTSD, relationship distress and anxiety and depression. Both presenters are members of the International Center for Excellence in Emotionally Focused Therapy.

This course meets the qualifications for 1.5 hours of continuing education credit for **MFTs, LPCCs, and LCSWs** as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

Future meetings:

June 7: Save the Date: **TBA**

Sept 6: James Long, MD: **Clinical Aspects of Child Custody and Other Forensic Evaluations**

### NAPA SONOMA SOLANO DISTRICT:

Coordinator: Laurel Marlink Quast, LCSW, BCD

Phone: 707-696-3148

Email: Laurelmq@yahoo.com

Date: April 18, 2014

Time: 12:00-1:30pm

Topic: **The Person-in-Environment (PIE) System for Describing the Problems Adult Clients Bring to Social Workers**

Presenter: Karin E. Wandrei, PhD, LCSW

Location: Kaiser Department of Psychiatry 3554 Round Bard Blvd, Santa Rosa.

This presentation will provide an overview of the history of the development of the PIE system and its current use; the concept of person-in-environment as central to social work practice and the structure of the PIE system. A case example will be reviewed which applies the system with an adult individual client in an outpatient/private practice setting.

Karin E. Wandrei, PhD, LCSW, was the Co-Director of the PIE project from 1983-1996. She is the co-editor along with James Karls, DSW, of Person-in-Environment (PIE) System: The PIE Classification System for Social Functioning Problems (Washington D.C.: NASW Press, 1992) in addition to numerous articles in the professional literature.

Dr. Wandrei received her MSW and PhD from the University of California, Berkeley. She recently retired from full-time employment after almost forty years as a clinical social worker, supervisor, and administrator. In addition to presenting numerous workshops, she has taught at the graduate and undergraduate level at Humboldt State University, California State University, East Bay, San Francisco State University, and the University of California, Berkeley. She currently teaches in the undergraduate online psychology program at National University. She maintains a small private psychotherapy practice in Rohnert Park, California.

This course meets the qualifications for 1.5 hours of continuing education credit for MFTs, LPCCs, and LCSWs as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

Future meetings:

May 16, 2014: **Planning meeting for 2014-2015**. Please join us for planning next years' program. Lunch will be provided for those who indicate they are participating.

(Continued on next page) 3

## DISTRICT MEETINGS (Cont'd):

### **MID PENINSULA DISTRICT:**

Coordinators: Virginia Frederick LCSW  
Joan Berman LCSW  
Coordinator Phone: 650-324-8988  
Coordinator Email: ginnyfred@aol.com  
Date: April 18, 2014  
Time: 11-1PM  
Location: Jewish Family and Children's Service  
200 Channing Street, Palo Alto (corner of Channing and Emerson) Parking available – 913 Emerson in underground parking (press button to be admitted) as well as parking on 200 Channing and on the street.  
Topic: **Serving Those Who Serve - Returning Veterans and Their Issues**  
Presenter: Laura Gomez, LCSW  
Credits: 1.5 CE Credit  
RSVP: Registration via website preferred [clinicalsocialworksociety.org](http://clinicalsocialworksociety.org)

“Serving Those Who Serve -- Returning Veterans and Their Issues” will be presented by Laura Gomez LCSW, who works at the Palo Alto Veterans Administration Healthcare System as the Clinical Social Work Program Manager. The focus of her team is to assist newly returning Veterans. Some of the functions are to conduct intake assessments, identify psychosocial and medical problems, and prioritize treatment issues. The two signature injuries of the war are traumatic brain injury and post traumatic stress disorder. These will be examined in detail. She will use clinical examples to demonstrate these psychological problems and the therapeutic work that evolves. In addition to the psychological dynamics and treatment, Laura will share some of the benefits and services that the VA provides both families and the returning Veteran.

This course meets the qualifications for 1.5 hours of continuing education credit for MFTs, LPCCs, and LCSWs as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend. Our meeting begins at 11:00 with informal networking then at 11:15 our formal meeting.

### Future Meetings:

May 16: Greg Bellow PhD and Elise Miller PhD, **Clinical Challenges of Writing for Publication**. Greg Bellow's new book is [Saul Bellow's Heart](#).

### **SACRAMENTO DISTRICT:**

Coordinator: Nathan Stuckey, ASW  
Email: Nstuckey13@gmail.com  
Date: Saturday, April 19, 2014  
Time: 9:30 am till 12:00 pm  
Presenter: Dr. Elaine Aron, PhD  
Topic: **The Highly Sensitive Person**  
Credits: 2.0  
Location: Friends Meeting House, 890 57th Street, Sacramento, CA

When people hear the term “highly sensitive,” they tend to think it refers only to emotional sensitivity. In actuality it refers to so much more. Dr. Elaine Aron, a psychologist in CA, began doing research on sensory integration sensitivity, the psychological term for the highly sensitive trait, in 1991. This presentation is based on her findings that high sensitivity goes beyond emotions and can include our other senses: sight, hearing, physical sensations, smell and

(Continued on next Page) 4

## DISTRICT MEETINGS (Cont'd):

### SACRAMENTO DISTRICT (Cont'd)

taste. This trait also impinges on other areas as well, including social and a category she calls novelty. Since HSPs tend to feel intensely and process deeply, they may be overrepresented in therapeutic services, and so it becomes even more important for therapists to recognize this trait in people that they serve. It is hoped that this presentation will help therapists in attendance learn to identify HSPs in their work with clients and gain some tools to assist HSPs to manage this sensory processing sensitivity trait and live more contented, satisfying lives.

Dr. Elaine Aron is the bestselling author of [\*The Highly Sensitive Person\*](#) and its companion books, [\*The Highly Sensitive Person's Workbook\*](#), [\*The Highly Sensitive Person in Love\*](#) and [\*The Highly Sensitive Child\*](#). Besides her books on highly sensitive persons, Dr. Aron has published widely in academic journals on this subject as well as the social psychology of close relationships. She divides her time between New York and San Francisco, where she maintains a psychotherapy practice. Dr. Aron continues to write, conduct research, and give public lectures and workshops--as often as her highly sensitive nature allows. [CLICK HERE](#) to visit her website.

This course meets the qualifications for 2.0 hours of continuing education credit for **MFTs, LPCCs, and LCSWs** as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

### SAN DIEGO DISTRICT

Coordinator Name: Ros Goldstein  
Phone: Number: (619) 692-4038  
Email: [goldsiegel@gmail.com](mailto:goldsiegel@gmail.com)  
Date: Thursday, April 3, 2014  
Time of Meeting: 5:30-7:30 PM  
Presenter: Lois Ingber, LCSW  
Topic: **Adler: The Original Positive Psychology**  
Location: Jewish Family Service, 8804 Balboa Ave., San Diego, CA 92123

Ms. Ingber will present the basic tenets of Adlerian Psychology Theory; its many applications in individual and family counseling, parent education, and other interventions; and introduce Positive Discipline, an application of Adlerian theory for child guidance. Attendees will also participate in experiential activities which demonstrate the theory and learn a few Adlerian tools to be used in their work.

Members earn 1.5 CE credits at no cost. Credits for non-members are \$10.00 per unit. Non-members are welcome and may attend at no charge (no CEU certificate). MSW students are encouraged to attend. Feel free to bring your lunch to the meeting.

### SAN FERNANDO VALLEY DISTRICT:

Coordinator: Tanya Moradians, Ph.D., LCSW **RSVP Preferred to Coordinator**  
Co-Coordinators: Gloria Gesas, LCSW, BCD; Bill Noack, LCSW, BCD  
Coordinator Phone: (Tanya) 818 783 1881  
Coordinator Email: [tmoradia@ucla.edu](mailto:tmoradia@ucla.edu)  
Date: Sunday morning: April 13, 2014  
Time: 9:30AM to 12:00 Noon (Note new Start time)  
Presenter: Dr. Joan Dasteel  
Topic: **Treatment of the Special Needs Adults Using Psychodynamic Therapy**  
Location: The Sherman Oaks Galleria Community Room at 15301 Ventura Boulevard,  
Sherman Oaks, California 91403

(The Community Room is located on the 1<sup>st</sup> level near the Cheesecake Factory and next to the Paul Mitchell Salon)

**VALIDATION FOR ALL DAY FREE PARKING** will be given at the meeting. (Continued on next Page)

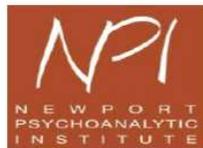
### SAN FERNANDO VALLEY DISTRICT (Cont'd)

This presentation will focus on the use of psychodynamic psychotherapeutic treatment along with behavioral and cognitive approaches in treating special needs adults. It will illustrate examples of how these challenged adults cope with difficulties with relationships, self-esteem, family problems, handling work and money, loss, depression and anxiety. It is her contention that psychodynamic treatment can help special needs adults maximize their enjoyment of their lives.

Dr. Joan Dasteel has been in private practice in West Los Angeles for over 40 years. She has published various articles, one about "Treatment of Special Needs Adults," with an accompanying film which is shown to the UCLA medical students each year as part of their curriculum. Dr. Dasteel has specialized in couples' therapy, marital dissolution, step-families and Special Needs Adults and Their Families. She is the mother of a special needs daughter as well as clinical consultant to L.A. GOAL, an organization providing services to 100 adults with Autism Spectrum, mental retardation, Down Syndrome and various other cognitive and neurological disorders. Dr. Dasteel is a Fellow of the Society for Clinical Social Work as well as past Board President. She is also a Founding-Year member of the Sanville Institute.

**This course meets the qualifications for 1.5 hours of continuing education credit** for MFTs, LPCCs, and LCSWs as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are \$10.00 per unit. All disciplines are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend. Bring your flyers, brochures and business cards for networking and socializing.

Future meeting:  
June 8<sup>th</sup> **Bullying**



**Newport Psychoanalytic Institute, PASADENA campus,  
ANNOUNCING OUR**

**2014 Open House Reception**

Friday, April 25, 2014, 3:00pm – 5:30pm

Office of Gale Rapallo

1543 N. Garfield Avenue, Pasadena CA 91104 626-463-3170

Join us

Come any time, stay as long as you wish.

Meet your neighbor clinician and find out who we are, what we offer,

Psychoanalytic training, case consultations and CEU programs

Wine and cheese will be served!

Brief presentation at 4:00pm on:

***Diving Into the Depths of the Psyche:***

*What might be found?*

*How to reach it?*

*Where does it lead?*

For further information and to RSVP:

Call NPI (626) 796-2776 or e-mail Penny @ [admin@npi.edu](mailto:admin@npi.edu) [www.npi.edu](http://www.npi.edu)



## Understanding Process (Behavioral) Addictions

By Robert Weiss LCSW, CSAT-S

### Substances vs. Behaviors

Substance addictions (called Substance Use Disorders in the DSM-5) involve abuse of and dependency on pleasure-inducing chemicals such as alcohol, nicotine, prescription drugs, and illegal drugs like meth, cocaine, and heroin. Process addictions (also known as behavioral addictions) involve abuse of and dependency on problematic patterns of pleasurable behavior such as spending, gambling, eating, video gaming, sex, porn, and romantic intensity. For the most part, substance addictions are relatively well understood by both clinicians and the general public. Process addictions, however, are another story entirely.

One common misconception about process addictions is that they are moral and/or character shortcomings rather than addictions. Another misconception is that that process addictions are less serious and less damaging than substance abuse problems. Neither of these ideas is even remotely true. In fact, after more than twenty years treating both process and substance addictions, I can assure you that out-of-control behavioral disorders are every bit as obsessive and all-consuming as substance abuse, and they wreak every bit as much havoc on families, jobs, self-care, relationships, communities, and health.

### High without Drugs

In all likelihood, much of the confusion about process addictions stems from the fact that most people don't understand how a behavior can get you high, even though the neurochemical process is relatively straightforward. In simplified terms, in a normal, healthy brain the nucleus accumbens (sometimes called the brain's "pleasure center" or "rewards center") registers pleasurable feelings in response to naturally occurring, life-affirming stimuli (eating, playing, being sexual, and the like). These activities are rewarded with feelings of enjoyment because they ensure survival of both the individual and the species. (If we don't eat, we die; if we don't have sex, we don't reproduce; etc.) This, of course, is intelligent design at its finest.

These life-affirming sensations of pleasure are caused primarily by the release of various neurotransmitters (neurochemicals that carry messages) into the pleasure center. Among these neurotransmitters are dopamine, serotonin, and oxytocin, though when it comes to addiction we are mostly looking at dopamine. Thus activated, the pleasure center communicates with other areas of the brain, most notably the centers controlling mood, decision-making, and memory, telling these parts of the brain how much it enjoyed eating, playing, being sexual, etc. Through this inter-brain communications process we "learn" that certain activities are pleasurable, and we make future decisions based upon this knowledge.

**...both addictive drugs and potentially addictive behaviors trigger the exact same neurochemical pleasure response in the brain, thereby creating the same exact dissociative sensation.**

Unfortunately, our pleasure center can be fooled. For instance, addictive substances, even though they have no life-affirming, survival-related purpose, are able to artificially stimulate the neurochemical pleasure response, thereby causing us to "feel good" for no meaningful reason. Unsurprisingly, tricking and misusing the biochemical pleasure process is a key element in the formation and maintenance of addictions—both substance and process. Simply put, individuals who struggle with underlying emotional and/or psychological issues such as depression, anxiety, low self-esteem, social deficits, unresolved trauma, and the like learn to abuse the brain's naturally occurring pleasure response by artificially triggering it *as a way to escape their psychological discomfort*. When the pleasure response is thus stimulated, the life stress and emotional pain these people were feeling are temporarily masked. (Addicts often don't want to *feel better*; they want to *feel less*.)

It is important to note here that both addictive drugs and potentially addictive behaviors trigger *the exact same neurochemical pleasure response* in the brain, thereby creating *the same exact dissociative sensation*. Knowing this, it is much easier to understand how a behavioral addict gets the same basic high as a substance addict. Consider, for instance, a porn addict.

He or she sits at his or her computer looking at video after video after video. Each new set of imagery brings a new face, a new body, a new sex act, and a fresh jolt of pleasure inducing neurochemicals. The more videos a porn addict looks at, the more powerful his or her escapist high becomes. Just as meth addicts need a steady stream of “bumps” to stay high, porn addicts need a steady stream of fresh imagery. Gambling addicts are the same. Each new bet brings with it another neurochemical rush. Shopping, video gaming, and other potentially addictive activities also rely on a steady influx of similarly escapist neurochemical pleasure jolts.

The brain, of course, is highly malleable—built to adapt to whatever input it receives. As such, when its pleasure processes are repeatedly abused, it adjusts to the excessive dopamine levels it’s experiencing by producing less dopamine and/or eliminating dopamine receptors. Thus, over time, the same activities result in less and less pleasure, leading to what is commonly called “escalation.” This means addicts must continually use more of the drug/behavior or a stronger (more powerfully stimulating) drug/behavior to achieve the escapist high they are looking for. And that is exactly what they choose to do, primarily because the brain remembers the escapist pleasure it once got from this substance/activity, and it continues to encourage use. In this way *liking* an addictive substance/behavior turns into *needing* an addictive substance/behavior. Even though the substance/behavior no longer provides the pleasure it once did, the individual is compelled to keep using.

### Diagnosis and Treatment

For the most part, diagnosing and treating process addictions is very similar to diagnosing and treating substance addictions. For starters, the core elements of addiction are the same either way:

- Preoccupation with use to the point of

obsession

- Loss of control over use, including failed attempts to quit or cut back
- Continuation despite negative consequences (trouble at work or in school, relationship issues, financial woes, legal problems, declining physical and emotional health, loss of interest in previously enjoyable hobbies and life-affirming activities, etc.)
- Tolerance, escalation, cravings, and withdrawal

One significant area of difference in treatment can be the definition of sobriety. Whereas total and ongoing abstinence is the goal with all substance addictions and some behavioral addictions (such as gambling), behavior modification and harm reduction is the goal with life-affirming behaviors that have spiraled out of control (such as eating, working, or sex). As such, those who seek help for behavioral disorders that involve activities like eating, working, or sex need to carefully define the behaviors that are and are not ruining their lives, agreeing in a written contract to not engage in the problematic behaviors, and to engage in non-problematic behaviors only moderately and appropriately. So for these people sobriety involves ongoing commitment to behavior change but not long-term abstinence (like quitting drinking).

In other respects, treatment of behavioral addictions is quite similar to treatment for substance abuse, typically utilizing a combination of cognitive behavioral therapy, accountability-based group therapy, shame reduction, social learning, and 12-step support groups. As is the case with addiction, I believe the substance use and/or behavioral acting out must stop *before* the more relational clinical work of psychodynamic therapies, narrative therapies, and trauma work can be effective. If not familiar with addiction treatment, it is always recommended that a clinician seek consultation from a professional who is certified and trained in the treatment of such disorders.

**The brain, of course, is highly malleable—built to adapt to whatever input it receives. As such, when its pleasure processes are repeatedly abused, it adjusts to the excessive dopamine levels it’s experiencing by producing less dopamine and/or eliminating dopamine receptors.**

Robert Weiss LCSW, CSAT-S is Senior Vice President of Clinical Development with [Elements Behavioral Health](#). He has developed clinical programs for [The Ranch](#) outside Nashville, Tennessee, [Promises Treatment Centers in Malibu](#), and [The Sexual Recovery Institute](#) in Los Angeles. A licensed UCLA MSW graduate and personal trainee of Dr. Patrick Carnes, Mr. Weiss is [author](#) of *Cruise Control: Understanding Sex Addiction in Gay Men and Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*, and co-author with Dr. Jennifer Schneider of both *Untangling the Web: Sex, Porn, and Fantasy Obsession in the Internet Age* and *Closer Together, Further Apart: The Effect of Technology and the Internet on Parenting, Work, and Relationships*. [www.robertweissmsw.com](http://www.robertweissmsw.com)



## *Rhymes and Reasons*

### **Yellow Sticky Notes**

by Cathy Hackett

Her head is covered with yellow sticky notes,  
reminders of duties, appointments and chores.  
She sees herself as a woman with more than one set of arms  
swirling around and around trying to keep up with  
all the yellow sticky notes.

Sometimes one falls --  
Oh--forgot to give the sleeping pill.  
As one is taken down to read five more fly up  
and stick to her head.

She is use to a head covered with yellow sticky notes.  
As she lays her head down to sleep  
she hears the crunchy sound of the paper.

Cathy Hackett, BSW, MPA graduated from CSUS in 1975 with a BA in Social Work but did not work in the field. She earned a Masters in Public Administration and was a Union Officer and Negotiator for SEIU Local 1000 for many years. She is now retired and taking care of her husband.

Please share original poems that relate to our profession by submitting them to  
[jrosenfeld@clinicalsocialworksociety.org](mailto:jrosenfeld@clinicalsocialworksociety.org).



**TODAY, MY WALK OF LIFE**  
**By Beth Siegel, PSYD, LCSW**

On any given day, like today, I decide to take a walk very early in the morning to get a cup of coffee. There is considerable fog in this very small but urban area where I live, and the city is starting to awaken. I am drawn to this area; there is both undeniable poverty and a fair amount of people who earn a good income, all in the same city block. As I take my walk, I see a man who is disheveled standing at a pay phone - sometimes talking into the receiver and other times talking at the air. I wonder if he will speak to me and ask me for a quarter. I wonder if he has had any sleep or a shower lately. I think of all the mentally ill people that live on our streets. On my way I hear a child crying, see a man who jay walks and a woman who is waiting for the bus. I think to myself: I am grateful that I am fortunate enough to have a car. I do not know what it is like to take a bus to work every day. I remember riding the subway several times a week to get to my social work classes in downtown Chicago. I was amazed by the myriad of people that took that same route that I did. I wondered where they lived. Riding the train made me see all the subsidized housing projects, and the broken down neighborhoods. I felt lucky that I had a college education. Graduate school seemed out of reach for so many.

On this day; on this walk of mine, I listened to the traffic pass me by. I see a woman huddled for warmth in an alcove. Her blankets are weathered; she seems to be hiding. I wonder if she has any family. I love this urban area because it reminds me of the city streets of Chicago where I grew up. Where there are all walks of life. Where there is culture. Where there is color; where difference exists at its best. This walk of mine helps me to stay in touch with the reality of what life is like for so many people, and how different I imagine their lives are from mine. I like that. No matter how fortunate I am, (and I am), I care about the homeless, the hungry and the mentally ill- those that I see all around me that represent much of the way the world is. I want to be reminded of that every day so that I never forget. For me, these are the roots of being a social worker. These are also the roots (for me) of being a human being, of being sensitive to the lacking in our society and to be willing to see it and not pass it by as if it doesn't exist.

I get my coffee, but also had a taste of another flavor in my

hand. As I am leaving I see a man who is fumbling through a garbage can for something to eat. I feel greedy holding two cups and I immediately ask him if he would like some coffee. He eagerly takes it. His eyes are sunken in as if he did not find a restful place to sleep last night. I am both glad and sad that I saw him. I am lucky to be heading home. I am grateful every day that I have a home and today I am thinking about serving breakfast to the world. I am hungry and cannot imagine what it would be like if I could not go home and make myself breakfast. I realize on my walk back that I do not know what it is like to go hungry; to suffer with hunger pains. I think of the children that attend school every day with an empty belly. I wonder when the last time was that some of our congressional members took a stroll down the street of their constituents to see how they live; when the last time was that they looked at a woman lying on the concrete wrapped in a blanket. When was the last time they saw a park filled with nothing but sleeping bags, blankets, garbage and crows? When was the last time they toured a housing project, rode the subway, or placed a dollar in the guitar case of a man singing on the streets for his next meal? I wish a requirement of their job position was to tour the most unfortunates of all in their constituencies. Congress is out of touch with America in the 21<sup>st</sup> century. They ought to take a walk for a cup of coffee, or rather, take a bus and then stand outside and panhandle. That's how Scrooge learned-- fastest way to go from greedy to humble in sixty seconds or less.

I am proud to call myself a social worker. I have not lost any of the values my family taught me: There is always someone less fortunate than you are. Be helpful. Be sensitive. No one is less valuable because of the color of their skin. Prejudice is ignorance. Be grateful every day for what you have. Think of others. This is why I became a social worker.

As I approach my home, I am glad that I care about society and my community. I love my private practice, and what I do every day to make a living, but also realize that every day, particularly when I walk the streets, just how fortunate I am to have had the opportunity to have been educated, to be the owner of a car and a home. I look forward to my walks; they bring me back to the roots of who I am, and I never want to forget; for that, I am grateful.

Beth Siegel, MSW, PSY.D. is in private practice in Costa Mesa treating individuals and couples in psychodynamic psychotherapy and psychoanalysis. She is involved in both the Orange and Los Angeles county psychoanalytic communities and is on faculty at NPI. She recently received a certificate from the Los Angeles Institute and Society for psychoanalytic studies in trauma. She is a member of The Soldiers Project, serving Veterans and their families returning from the Iraq and Afghanistan wars. She can be reached at <http://psychotherapypracticeca.com/> and 714 556-1957.



## The Trauma Resource Institute presents Trauma Resiliency Model (TRM) Training

" *"TRM training was beautifully organized and presented with very clear PowerPoint presentations and accompanying handouts, integrated with personal field experiences illustrating the application of the model. The experiential and hand-on skills training left me feeling well-prepared to begin working with my clients immediately. It is the best training workshop I have ever attended."* Susie Icaza, MFT, RPT, Pasadena, California

Trauma Resiliency Model (TRM) Training is a 3-day course offered in two levels and is designed to teach skills to clinicians working with children and adults with traumatic stress reactions. It is an integrative mind and body approach that focuses on the elegant design of the human nervous system and how to expand resiliency. TRM also focuses on the biological basis of trauma and the automatic, defensive ways that the human body responds to threat and fear, including the responses of "tend and befriend," fight, flight and freeze.

TRM Trainings co-sponsors have included the World Health Organization in China, the Unitarian Universalist Service Committee in Haiti, Africa and the Philippines, the Veterans' Administration in Los Angeles, the Fort Drum Regional Planning Organization, the National Naval Medical Center in Bethesda, Maryland, Smith College, Stanford University MCCPOP, Loma Linda University, Department of Veterans Affairs, San Bernardino, CA, Walter Reed Hospital, the Upaya Zen Center and Sierra Tucson in Arizona. The Department of Defense has named TRM a "promising practice."

TRM faculty use a variety of teaching methods including PowerPoint, lecture, discussion groups and small practice groups guided by TRM facilitators. **The participants will learn:**

### TRM Level 1

- three or more key concepts of the Trauma Resiliency Model
- to describe three or more ways traumatic experiences affect the mind and body based on current scientific research
- to describe the parasympathetic and sympathetic arms of the autonomic nervous system and their impact on the traumatic stress symptoms
- to recognize 5 or more symptoms of Traumatic Stress, Acute Stress Disorder and Post-traumatic Stress Disorder.
- to practice the nine skills of the Trauma Resiliency Model
- to identify 2 or more ethical considerations with regard to using biological based models

### TRM Level 2

- describe three or more ways attachment theory relate to the Trauma Resiliency Model
- describe the sensory portals with SENSIMAP
- review and practice the nine skills of the Trauma Resiliency Model
- review the key concepts of the Trauma Resiliency Model
- describe the orienting response and its importance to treating trauma.
- integrate art and writing exercises with TRM skills
- describe and experience simple ways to work with children with TRM skills.

#### TRAINING DATES:

**Los Angeles, TRM, Level 1, Training**  
April 4-5, 9-5 PM, April 6, 9-4

**San Francisco, TRM, Level 1, Training**  
May 30-31, 9-5 PM, April 1, 9-4

**Los Angeles, TRM, Level 1, Training**  
July 18-19, 9-5 PM, July 20, 9-4

**Napa, TRM, Level 1, Training**  
August 15-16, 9-5 PM, August 17, 9-4

#### TRAINING DATES:

**Claremont, TRM, Level 2, Training (Full)**  
June 20-21, 9-5 PM, June 22, 9-3

**Napa, TRM, Level 2, Training**  
September 19-20, 9-5 PM, September 21, 9-3

**Los Angeles, TRM, Level 2, Training**  
October 17-18, 9-5 PM, October 19, 9-3

COST: \$600.00 includes Training Manual and Cue Cards  
18 CEUS for social workers, psychologists and licensed counselors.  
(Limited Scholarships available for some trainings.)

\*Continuing Education Credit is sponsored by Program Services Continuing Education for Licensed Psychologists, Social Workers, Marriage and Family Therapists, Professional Counselors, Mental Health Counselors, Addiction Professionals. All inquiries regarding CE credits should be made to [Karen@programservices.org](mailto:Karen@programservices.org).

**Elaine Miller Karas, LCSW**  
Executive Director and Co-Founder

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For more details about the training or to register for a class, visit us online at the website listed below or contact, TRI's Training Coordination at **408-315-5499** or email: [traumaresourceinstitute@gmail.com](mailto:traumaresourceinstitute@gmail.com)

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## **SPEED: FACING OUR ADDICTION TO FAST AND FASTER AND OVERCOMING OUR FEAR OF SLOWING DOWN**

(Continued from Page 1)

Americans hit a wall in the mid-20<sup>th</sup> century. Then came cyberspace, a new territory with no boundaries and unlimited space. Manifest Destiny of the late 20<sup>th</sup> century became a new pursuit of progress, with a goal of controlling and conquering cyberspace that was now equated with speed. Progress equals fast, which equals success, a recipe for addiction, especially when society also believes there are no limits to human power, no limits to action, and no limits to success.

What is societal addiction, and what is the impact on all of us who must live and work in a culture that believes in the power and necessity of constant action and a faster and faster pace? We've got a big challenge to face: side-by-side with the great technological discoveries of the last 30 years, we've lost our way, falling into addictive behaviors, emotions and thinking, reeking havoc with all that we know and value about healthy lifestyle. We've sacrificed our need for quiet time, self-reflection, and the depth of relationship that constitutes deep human connection.

Virtually everyone we see in our offices, and in our personal lives, is suffering from the impact of society's constant pressures, with many experiencing full-blown addiction – to speed, to technology, to chasing power. Now, it's possible, and even likely, that anxiety, depression, attention disorders, sleep problems, and every other clinical problem we see, are fueled, reinforced and masked by speed. Nobody can answer 1000 emails each day, every day, without developing all manner of stress disorders, yet many people believe they should be able to and there is something wrong with them if they can't.

As a clinician today, you will need to recognize and diagnose people's loss of control to Speed and to work with them to begin to slow down and self-reflect. Viewing Speed as an addiction will help you understand why people can't just get a grip.

### **WHAT IS ADDICTION?**

Most people think addiction is a behavioral problem and that's it. You are drinking, eating, sleeping, spending too much or going too fast and you should cut it out, or at least get some control. In fact, addiction is much more than behavioral loss of control. Addiction is

like a three-stranded necklace of thinking, emotion and behavior that has become painfully tangled. You tug at one strand and the knots tighten up. You try to fix it and you make it worse.

Society's addiction to speed is a tangled necklace of out-of-control behaviors that are fueled by emotions of fear and desperation, and a belief that you shouldn't have any limits on how fast you can go, how much you can do, or how many topics you can focus on at once. Our society believes there are no limits on anything -- we can have it all and do it all -- while we are frantically living beyond our limits in every way.

Behaviorally, addiction is defined by loss of control. You can't stop doing what you're doing even though you want to stop. You are dominated by impulse so it gets harder to delay or endure; you can't wait. You've sacrificed learning through engagement with others and slow, cumulative trial and error – the path of normal development -- for instant reward, instant answers and instant gratification. You've accommodated to a new norm of constant interruption so you get anxious if you're not on constant alert and in constant motion. Kids have shifted from active play of all kinds to passive play without intentional action and agency. Eventually it's not play. It's robotic, mindless repetition as 14 year old Jessie experienced:

*Jessie couldn't stop. He went to his computer first thing in the morning, checked in on his cell phone and laptop all day long and rushed home to get back online for five or six hours till bedtime. His mother became concerned when he wouldn't accept her limits, refused to come to the dinner table and screamed at both his parents for their gall at setting limits. Jessie developed sleep problems and was constantly irritable. His teachers called for a meeting because he was sullen in the classroom and threatening on the playground. Jessie locked his door and screamed that nobody could tell him what to do.*

Dominated by impulse, your feelings are also primitive. You are prone to instant panic, anxiety and infantile confusion and chaos as you have no working ability to quiet yourself or regulate your emotions. Feelings become a danger that you need to blunt by turning quickly to action. Living in a state of numbed, robotic

**Just like any other addiction, people are out of control in their behaviors, feelings and crazy thinking; yet they believe this is good.**

button-pushing and screen gazing seems to beat wild emotions. Kids with impulsive behavior and unregulated emotion like Jessie will likely be diagnosed with psychiatric problems that can start a misguided intervention of medications that are treating the wrong problem.

Sixteen year old Sherrie cried when her teacher told her to put her iPhone away. Between sobs, she told him she had to answer her friend's texts instantly or her buddy wouldn't be her friend anymore. Sherrie was caught in a new kind of peer pressure. She showed all the signs of depression, anxiety, insomnia, and volatile mood shifts as she was swallowed up by her compulsive focus on her Facebook page. Sherrie needed to see a therapist, just like Jessie, but she needed a therapist who could see that her addiction to her iPhone and her social media contacts was the source and the trigger of her other symptoms.

With speed addiction, cognition is arrested and distorted, pulled into regression by the intensity of emotion and impulse. You function at a concrete level of thinking, seeing the world in two dimensions, a way of simplifying your perceptions and judgment that actually reinforces your speedy addiction. All information is filtered through an all-or-none, dichotomous framework. Everything becomes a contest. You are a winner or a loser. You can't think with reason that embraces complexity and could provide restraint, because you tell yourself if you're not moving, not in motion, you're failing. Concentration and contemplation, cognitive and attentional skills are sacrificed to adapt to the new norm of constant interruption and short attention span.

You are caught in the tangled necklace of addiction with no way out, except to try harder. Yet, you will learn that it is only when you stop trying and accept that you cannot go any faster, do any more, answer one more call or email that you'll be ready for change.

#### **QUESTIONS: ARE YOU HOOKED ON FAST?**

Here are a few questions to consider whether your clients, or you, are hooked on fast. You will need to consider all three strands as you work to help people accept their loss of control and to be able to make changes toward slowing down.

##### **YOUR BEHAVIOR:**

- 1: Do you want to slow down, but you cannot?

- 2: Do you keep adding activities without taking any away?
3. Do you work longer and longer hours but never finish?
4. Do you have other problems: sleep, anxiety, depression?

##### **YOUR FEELINGS:**

1. Do you feel empty if you are not in constant action?
2. Do you feel nervous without your tech gear in hand or pocket?
3. Do you feel the beep of your phone as a comfort that gives you a shot of adrenalin?

##### **YOUR THINKING:**

1. Do you believe you have no limits and you are entitled to live without limits?
2. Do you believe you should think, feel, react, and behave instantly?
3. Do you believe you will fall behind if you slow down?
4. Do you believe that success equals fast and faster? Slowing down is failing.
5. Do you believe stress is the price of success and chaos is normal?

If you've answered "yes" to even a few of these questions, you may be caught in the throes of SPEED addiction.

#### **WHAT YOU CAN DO: GUIDELINES FOR SLOWING DOWN.**

As it is with any addiction, you may first try to get control of your behavior. You don't yet realize that your thinking will drag you down. You don't really want to slow down and you tell yourself you shouldn't have to. You might even feel angry at the suggestion you need to slow down.

So the first step is awareness: You recognize you are caught in a frenzy of fast. Next, you face the fact that you're not going to solve your problem by trying harder or working smarter. You are not on a path to going faster without bad consequences. You recognize that you must slow down. You know that your addiction will pull you back into trying harder to do more and go even faster, so you search for mentors who value a slower pace.

**Addiction is like a three-stranded necklace of thinking, emotion and behavior that has become painfully tangled. You tug at one strand and the knots tighten up. You try to fix it and you make it worse.**

If you want to slow down, consider these guidelines:

**YOUR BEHAVIOR:**

1. You ask yourself "What am I doing?" and you reach out for help.
2. You begin to make small steps toward change. You turn off your tech for one hour each day. That's all. Dinner time is a good start for the whole family. You leave your iPhone in another room when you read stories to your children at bedtime.
3. You begin to pause, to reflect on your behavior, feelings and thinking.

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**YOUR FEELINGS:**

1. You feel the reality of limits and you face the feeling of failure.
2. You become aware of feelings and learn to listen to them.
3. You trust that the high of impulsive action is NOT the feeling you seek.

**YOUR THINKING:**

1. You believe in the reality of limits. You can't do it all.
2. You challenge your belief in will power. You cannot try harder to live without limits.

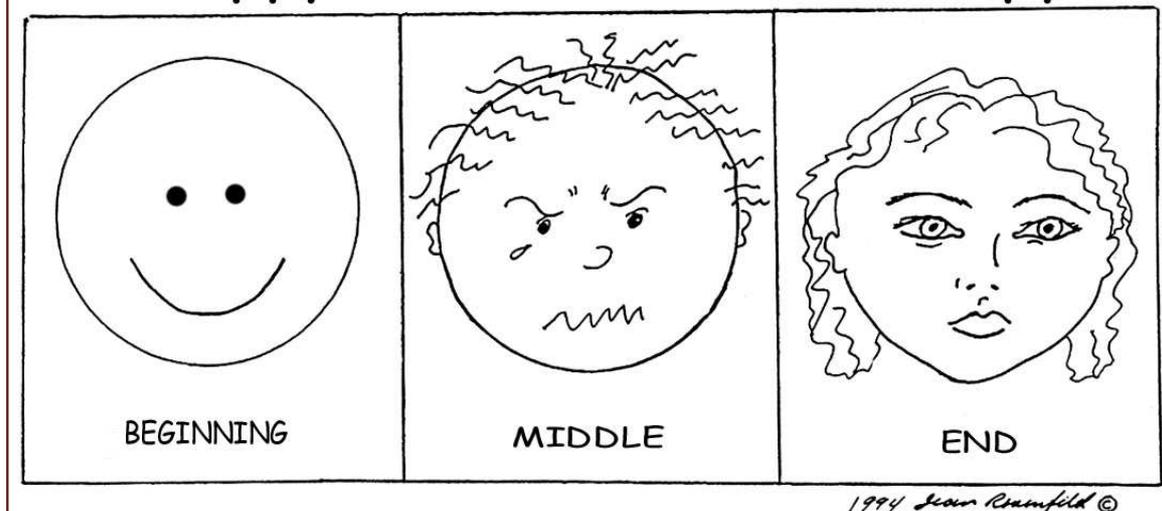
3. You believe in the value of small steps and a slower sense of time. You can see that a small shift to pay attention to your child, partner or friend makes a huge positive difference for both of you.
4. You believe that growth and change are not instant; quick fixes reinforce the thinking of fast and impulsive action. Life is not all outcome. You come to value the process and experience of engagement.
5. You believe in the value of self-reflection. You never had it or you lost it. Now you value quiet time.

These may be radical challenges for you. Just start with one small change, one turn-off, one phone call instead of a text, one pause to think about what you feel, what you've said or what you think. Yes, you will learn to "unplug," but this is not all. You will be questioning the very essence of who you are and who we are as a society that has driven itself out of control in the pursuit of having it all.

Adapted from Stephanie Brown, Ph.D., *SPEED: Facing Our Addiction to Fast and Faster and Overcoming the Fear of Slowing Down*. Berkley Books, (an imprint of Penguin) Jan. 2014

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## The Clinical Update

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